OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

ADJUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

**GNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

OCUMENT # K61942

FRANKLIN POSTAL BUILDING, INC.

FILED Sep 10, 1999 8:00 am Secretary of State

09-10-1999 90004 001 \*3,300.00

407/469-2621



ipal Place	of Business	Mailing Address				
B LAKESID	e drive. Suite 6	16903 LAKESIDE DRIVE. S	SUITE 6		· ·	
BOX 560007 ITVERDE FL 34756-7007		P.O. BOX 560007	_		}	
		MONTVERDE FL 34756-7007			DO NOT WRITE IN THIS SPACE	
		US			3. Date incorporated or Qualified	
					01/30/1989	
26		2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For	
		26			65-0099912 Not Applicab	
		Suite, Apt. #, etc.			\$8.75 Additional	
		27			5. Certificate of Status Desired Fee Required	
ity & State	· · · · · · · · · · · · · · · · · · ·	City & State	\	<del></del>	6. Election Campaign Financing \$5.00 May Be	
my a biano		28			Trust Fund Contribution Added to Fees	
	Country	Zip	Cou	ntry	8. This corporation owes the current year	
ip	<u> </u>	<del>-</del>	30	,	Intangible Personal Property. Yes No	
	25 9. Name and Address of Curre	<del></del>	30]		10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	III Registered Agent		81 Name	10. Name and Name of the State of State	
FRANKLIN, GEE GEE				l lame	Name	
			Ī	82 Street Add	ss (P.O. Box Number is Not Acceptable)	
16903 LAKESIDE DRIVE			1			
MON	NTVERDE FL 34756-7007			83		
					85 Zip Code	
			1	64 City	FL   85   Zip Code	
agent. I a	m familiar with, and accept the oblig	gations of, section 607.0505, Flo	rida Stat	d by the corporat	tion's board of directors. I hereby accept the appointment as registered	
office or n agent. I a	m familiar with, and accept the oblig Signature, typed or printed name of registered ago	gations of, section 607.0505, Floi ent and title if applicable (NO	nda Stat	d by the corporat	quired when reinstating) DATE	
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